



## KENTUCKY BOARD OF ALCOHOL AND DRUG COUNSELORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601

Phone (502) 782-8814 ~ <http://adc.ky.gov>

### GRANDPARENTING OF CERTIFICATION (CADC) TO LICENSURE (LCADC):

#### APPLICATION INFORMATION SHEET / CHECKLIST

**Description:** Applicants are current CADCs with a Master's Degree (does not need to be 60 hours) or Doctoral Degree in a behavioral science with clinical application. The degree must be from a regionally accredited college or university or a college or university accredited by an agency recognized by the U.S. Department of Education.

**DEADLINE TO APPLY FOR GRANDPARENTING IS AUGUST 24<sup>TH</sup> 2016.**

- ☐ 1. Currently credentialed as a Certified Alcohol and Drug Counselor (CADC)
- ☐ 2. CADC issued prior to June 24<sup>th</sup>, 2015
- ☐ 3. Section 1 completed
- ☐ 4. Section 2 completed – describing education attainment of at least a Master's degree.
- ☐ 5. Requested official transcript conferring your highest degree to be sent from the registrar of the institution directly to the Board (issued to student and copies of transcripts are not acceptable, let the Board Administrator know if your last name was different at the time of your degree).
- ☐ 6. Affidavit at bottom of page 2 – signed and dated
- ☐ 7. Check or money order made payable to the Kentucky State Treasurer (DO NOT SEND CASH)

Licensure as a Clinical Alcohol and Drug Counselor Application Fee

**\$50.00**

The completed application may be submitted to the Kentucky Board of Alcohol and Drug Counselors by mail to: P.O. Box 1360, Frankfort, KY 40602 or delivered to 911 Leawood Drive, Frankfort, KY. Materials must be received by our office 10 days prior to the next scheduled Board Meeting. If this deadline is not met, your application will be automatically added to the next month's agenda for review. Board meeting dates are on our website under "Quick Links."

#### NEXT STEPS:

1. If your application is **deferred or denied**, you will receive a letter approximately 2 weeks following the Board meeting stating the reason(s).
2. If **approved**, you will receive a letter approximately 2 weeks following the Board meeting. Submit a check/money order payable to Kentucky State Treasurer for your license number will be issued.

Licensed Clinical Alcohol and Drug Counselor Fee

**\$300.00**

3. You will not need to renew your Licensure for 3 years from date of issuance.
4. Download, print and read through the Laws and Regulations if you have not already done so.  
<http://adc.ky.gov> > Resources
5. Review requirements for the training program in suicide assessment, treatment, and management.
6. To register with the board as a supervisor of record, please submit the REQUEST TO PROVIDE SUPERVISION FORM.

**Please Note:**

*The application form and all required supporting documentation, as listed above, must be reviewed and approved by the Board at a monthly Board Meeting. Incomplete applications will not be reviewed. It is the applicant's responsibility to make certain that all materials have been received by the Board administrator, especially transcripts. You may contact the office to check on your application. Email is best:  
[Kelly.Walls@ky.gov](mailto:Kelly.Walls@ky.gov)*

*Only at the time of application review will the Board decide if the Master's/Doctoral degree is in a behavioral science with clinical application based on the transcript.*

*Upon receipt of credential, it is your responsibility to keep the Board Administrator informed of any address change. Do not rely on forwarding services of the United States Postal Service.*



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## APPLICATION FOR GRANDPARENTING AS A LICENSED CLINICAL ALCOHOL AND DRUG COUNSELOR

### SECTION 1 – APPLICANT INFORMATION

1. \_\_\_\_\_
- |                            |                |            |            |
|----------------------------|----------------|------------|------------|
| Name: First                | Middle         | Last       | Maiden     |
| _____                      | _____          | _____      | _____      |
| Social Security Number     | Date of Birth  | Home Phone | Cell Phone |
| _____                      | _____          | _____      | _____      |
| Mailing Address: Street    | City           | State      | Zip Code   |
| _____                      | _____          | _____      | _____      |
| Employer                   | Business Phone |            |            |
| _____                      | _____          |            |            |
| Employer's Address: Street | City           | State      | Zip Code   |
| _____                      | _____          | _____      | _____      |
| Home Email                 | Business Email |            |            |
| _____                      | _____          |            |            |
| Certificate Number         | _____          |            |            |
2. Have you had a credential in Kentucky or any other state that has ever been suspended or revoked?  
☐ YES ☐ NO If yes, give details: \_\_\_\_\_
3. Have you been convicted of a felony or plead guilty, including an Alford plea (other than minor traffic violations) under the laws of the United States in the last 5 years? ☐ YES ☐ NO If yes, what offense?  
\_\_\_\_\_ (If yes, send supporting documentation.)
4. Are you credentialed as an Alcohol or Drug Counselor in any other state? ☐ YES ☐ NO  
If yes, what state? \_\_\_\_\_ Type of Credential? \_\_\_\_\_
5. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position from any professional training program, or from the program of any university? ☐ YES ☐ NO  
(If yes, send supporting documentation.)
6. Have you ever been sanctioned by the Kentucky Board of Alcohol and Drug Counselors or by any other credentialing board or professional associations for ethical misconduct? ☐ YES ☐ NO  
(If yes, send supporting documentation.)
7. Are you currently on active military duty? ☐ YES ☐ NO

## SECTION 2 – APPLICANT EDUCATION

Request an official transcript conferring highest degree. Must be sent from registrar of the college or university.

School	Name and Location	Dates Attended	Date of Graduation	Number of Hours	Degree Obtained
<b>Master's</b>					
<b>Doctoral</b>					

### AFFIDAVIT

I do hereby certify under penalty of law, that the information contained herein is true, correct and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose such misrepresentation or falsification, my application could be rejected or my certification revoked by the Board. Furthermore, I agree to abide by the standards of practice and code of ethics approved by the Board.

\_\_\_\_\_  
Applicant's Signature (Do not type or print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name